# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
## (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/?32930

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED IND. | AS FILED DEP. | AFTER 1ˢᵗ AMENDMENT IND. | AFTER 1ˢᵗ AMENDMENT DEP. | AFTER 2ⁿᵈ AMENDMENT IND. | AFTER 2ⁿᵈ AMENDMENT DEP. |
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| TOTAL DEP. | 6 | | | | | |
| TOTAL CLAIMS | 10 | | | | | |

| | AS FILED IND. | AS FILED DEP. | AFTER 1ˢᵗ AMENDMENT IND. | AFTER 1ˢᵗ AMENDMENT DEP. | AFTER 2ⁿᵈ AMENDMENT IND. | AFTER 2ⁿᵈ AMENDMENT DEP. |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

PTO - 1360 (REV. 11/04)